United Nations DP/FPA/CPD/MAR/9

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
7 July 2016

Original: English

Second regular session 2016
6 to 9 September 2016, New York
Item 5 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Morocco

Proposed indicative UNFPA assistance:	$9.75 million: $5.25 million from regular resources and $4.50 million through co-financing modalities and/or other, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Ninth
Category per decision 2013/31:	Yellow

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.50	1.75	4.25
Outcome 2	Gender equality and women's empowerment	1.25	2.00	3.25
Outcome 3	Population dynamics	1.00	0.75	1.75
Programme coordination and assistance		0.50	-	0.50
Total		5.25	4.50	9.75

16-11680 (E) 250716

Please recycle

I. Situation analysis

1. With a gross domestic product per capita of $3,150 in 2015 and an estimated population of 33.84 million inhabitants in the 2014 census, Morocco is a middle-income country that has reached the final stage of its demographic transition. Its annual population growth rate is around 1.25 per cent and its total fertility rate is estimated at 2.2 live births per woman. Life expectancy at birth reached 74.8 years in 2009 (73.9 years for men and 75.6 years for women) and the infant mortality rate fell from 40 per cent in 2003-2004 to 28.8 per cent in 2011.

2. During the last 15 years, Morocco has made substantive achievements in family planning, reducing maternal mortality and promoting gender equality. The contraceptive prevalence rate is 67 per cent (57 per cent for modern methods). The unmet needs of married women represented 11 per cent in 2011. The oral contraceptive pill is the most used method (72 per cent), while the use of long-term methods is limited. The maternal mortality ratio fell from 227 maternal deaths per 100,000 live births in 2003-2004 to 112 in 2009-2010. However, there is a notable gap between rural and urban ratios (148 and 73 per 100,000 live births, respectively). In spite of the important decline observed, Millennium Development Goal 5 was not achieved. A national action plan is currently being implemented to accelerate the reduction of maternal and neonatal mortality (2012-2016), focusing on the rural and most deprived areas, where midwives are the main providers of maternal health services. Programme governance will require further support to achieve the Sustainable Development Goals target of 30 per 100,000 live births by 2030.

3. Morocco has lifted all reservations to the Convention on the Elimination of All Forms of Discrimination against Women and adopted a new constitution in 2011 that consecrates equality between men and women in all rights. Criminal code reform is ongoing. It aims to reinforce protection from gender-based violence, criminalizes forced marriages and sexual harassment for the first time, and enlarges access to abortion in cases of rape or incest, danger to life or to the mother's health, and fetal impairment or chronic disease. According to the recent national survey, 62.8 per cent of women have been subjected to violence. Child marriage is a concern. Despite the overall trend of young people marrying later (the average age of first marriage is 31.4 years for men and 25.8 years for women), data shows that marriage of girls under age 18 represent 11.5 per cent of all marriages. The adolescent fertility rate was estimated at 32 per cent in 2011, which reflects high rates of teenage pregnancy.

4. With 26.5 per cent of its population between ages 10 and 24, Morocco is at a demographic turning point that could contribute to serious challenges or to opportunities, depending on investments made. Lack of data on youth, and particularly those most at risk, is a persistent challenge to the country's efforts to reap its demographic dividend. Available data suggests that rates of youth unemployment are two times higher than in the general population (20.1 and 9.9 per cent, respectively). In addition, data indicates an early onset of sexual activity. Youth sexual relations entail various risks: 37 per cent of young men aged 15-24 years who had sex reported not having used condoms; 7.9 per cent of girls of the same age group who had a sexual experience reported unwanted pregnancy, and among them, 70 per cent resorted to unsafe abortion. Fifteen per cent of youth aged 15-24 years are not aware of any contraceptive method; 46.4 per cent of them are not aware of any sexually transmitted infection; and 20 per cent not aware of HIV/AIDS.

5. Morocco started implementing its model of advanced regionalization and launched various reforms both at the institutional and legislative levels. Meanwhile, to support these reforms, there is a need to strengthen systems and coordination mechanism among institutions involved in data generation at the national and subnational levels, in order to monitor the Sustainable Development Goals, including sexual and reproductive health, the youth demographic dividend and gender equality.

6. While traditionally Morocco has been a transit country for international migrants, increasingly it is becoming a country for settlement. A new migration policy,

based on the global, humanitarian and human rights approach, was adopted in December 2014. Data collection and research therefore need to be supported in order to accompany this policy. Considering the growing number of women among migrants, there is a need to advocate and support the integration of migrants' access to sexual and reproductive health and gender-based violence protection services into national strategies and policies.

II. Past cooperation and lessons learned

7. The previous country programme (2012-2016) was developed to meet national priorities regarding sexual and reproductive health and population, in line with the objectives of the United Nations Development Assistance Framework (UNDAF), 2012-2016. It focuses on sexual and reproductive health, including youth, gender equality and the fight against gender-based violence, and population and development.

8. The 2015 country programme evaluation highlighted the high quality of UNFPA technical support provided to national partners and its coordination efforts with the United Nations partners and other donors, as well as the consistency of the programme with national priorities, its flexibility to respond to context specific changes, which resulted in supporting information systems, generation of evidence, and using data in programming. It emphasized good practices such as: (a) supporting the development of high-quality insurance systems and standards; (b) supporting the development and updating of educational tools, including algorithms for obstetrical practice, to enhance the quality of maternal health services; and (c) advocating to end gender-based violence through the joint programme between UNFPA and the United Nations Children's Fund (UNICEF).

9. The evaluation recommended that UNFPA support national partners to better address the needs of vulnerable populations, particularly with regard to sexual and reproductive health for youth, and to strengthen multisectoral approaches and enhance coordination. It called for greater prioritization in developing programme objectives and strategies and in selecting partners, and mentioned the need for the country office to strengthen resource mobilization through joint programming. The evaluation recommended optimizing programme management through the adoption of a multi-year workplan and frequent reviews.

III. Proposed programme

10. The proposed programme, 2017-2021, is designed to meet national priorities, taking into account the guidance of the UNDAF, 2017-2021, and lessons learned from the 2015 country programme evaluation. The programme will contribute to implementation of the 2030 Agenda for Sustainable Development in Morocco. It adopts a participatory approach and aims for more synergy of actions, multisectoral coordination, resource optimization, knowledge capitalization and continuation of good practices.

11. The new programme is designed to provide technical support and advocacy in order to improve sexual and reproductive health and achieve reproductive rights, especially for vulnerable women and youth. The programme will consolidate partnerships with government institutions, civil society and donors at the national and subnational levels. UNFPA will support the integration of sexual and reproductive health, including gender-based violence, into national and inter-agency disaster risk reduction and emergency preparedness structures, policies and strategies.

12. In its new approach, the office will rely more on policy dialogue, advocacy and knowledge transfer while pursuing its investment in: (a) promoting sexual and reproductive health and universal access to reproductive health information and services, especially for women and youth, in particular adolescent girls and marginalized groups; (b) reinforcing government programmes for the reduction of maternal mortality (in line with the 2030 Agenda) mainly through the improvement of governance; (c) preventing gender-based violence and increasing awareness of the consequences of early marriage; and (d) advocating for the use of new approaches to

data analysis and data collection in order to inform policies, particularly in the area of sexual and reproductive health, and within the context of regionalization. The programme is structured around three strategic plan outcomes and four outputs.

A. Outcome 1: Sexual and reproductive health

13. Output 1: Strengthened policies and strategies to ensure universal access to high-quality reproductive health services, with particular focus on marginalized women and girls. UNFPA support for this output will aim to: (a) support advocacy by stakeholders (including human rights and faith-based organizations, the media and parliamentarians) to integrate a human rights-based approach in existing family planning and sexual and reproductive health policies; (b) support the national action plan to accelerate the reduction of maternal and neonatal mortality by strengthening certification, accreditation and technical support in rural delivery facilities; (c) support the development and updating of educational tools, including algorithms for obstetric practices; (d) support the updating of the existing curriculum for midwives as the main maternal health providers for rural women; (e) support the development of a maternal and neonatal information system, including a maternal death surveillance and response system; and (f) advocate for and support integration of sexual reproductive health into national disaster risk reduction and preparedness plans.

14. Output 2: Strengthened advocacy to promote access to sexual and reproductive health information and services for adolescents and youth, with special focus on marginalized youth and adolescent girls. UNFPA support for this output will aim to: (a) support evidence-based advocacy and a coalition of civil society and human rights actors on access of adolescent and youth to life-centred information and services, integrating sexual and reproductive health issues; (b) support relevant ministries and civil society organizations, at national and subnational levels, to develop multidimensional youth strategies and plans, integrating quality sexual and reproductive health education, information and services, with active youth participation; and (c) facilitate coordination mechanisms among relevant ministries and civil society organizations, at national and subnational levels, to enhance monitoring and promote synergies.

B. Outcome 2: Gender equality and women's empowerment

15. Output 1: Strengthened advocacy and multi-sectoral plans to prevent gender-based violence, including child marriage, and to promote the reproductive rights of women and girls, especially among the most marginalized. UNFPA support will consist of: (a) providing technical assistance to the Government to enforce the application of the new legal framework related to gender-based violence; (b) providing technical support to the newly established national observatory for a coordinated multisectoral response and monitoring efforts in fighting gender-based violence; (c) engaging and mobilizing key stakeholders and faith-based organizations to advocate against gender-based violence and child marriage; (d) supporting civil society to engage men and boys in the prevention of gender-based violence and child marriage; and (e) supporting the civil society to advocate and engage in policy dialogue to accelerate compliance of national legislation with the constitution.

C. Outcome 3: Population dynamics

16. Output 1: Strengthened national and subnational plans and systems, integrating ICPD-based Sustainable Development Goal targets and indicators, based on disaggregated high-quality data, with a focus on sexual and reproductive health, gender and demographic dividend issues. UNFPA will: (a) support the production, analysis and utilization of disaggregated data at national and subnational levels on sexual and reproductive health, gender and demographic dividend issues, especially for marginalized groups and migrants; (b) strengthen coordination and systems among stakeholders involved in production and analysis of data; (c) support the integration of ICPD-based Sustainable Development Goal indicators in the social and health plans at the national and subnational levels, in support of the regionalization process; and (d)

support the analysis and mapping of the national vision and policies related to the demographic dividend and its linkages to the human capital of youth.

IV. Programme management, monitoring and evaluation

17. To ensure coherence of United Nations system programmes, the country programme will be implemented within the framework of the UNDAF action plan endorsed by the Government. A steering committee in charge of monitoring and evaluating the UNDAF action plan will be established, with committee members chosen based on the partnership plan and all key and strategic partners identified, in consultation with and under the leadership of the Ministry of Foreign Affairs and Cooperation. It will also draw on the close collaboration with other United Nations organizations and the participation of all national partners, including civil society and the private sector. Within this context, the committee will conduct UNDAF action plan annual reviews, a midterm evaluation, and an overall final evaluation. To facilitate these annual reviews and evaluations, a monitoring and evaluation plan will be developed that includes a methodology and computation of country programme indicators. Whenever necessary, reviews for specific UNFPA programme components may be undertaken in coordination with the Ministry of Foreign Affairs and Cooperation and all partners.

18. The programme will be implemented through national execution using modalities appropriate for the Moroccan administrative context, and will engage in United Nations joint programmes where feasible. UNFPA will use its experience in resource mobilization and particularly through the mechanisms of joint programming to leverage resources. Co-financing agreements with national partners will be pursued at national and subnational levels.

19. In case of a crisis or emergency, UNFPA may, in consultation with the Ministry of Foreign Affairs and Cooperation and relevant national partners, reprogramme activities towards emergency response interventions aligned to the UNFPA mandate.

20. The UNFPA country office in Morocco consists of a non-resident UNFPA country director, an assistant representative, two national programme officers and several support staff, as per the approved country office typology. UNFPA may recruit national project personnel to strengthen programme implementation, and will obtain additional technical assistance from national and international consultants. The UNFPA regional office in Cairo will provide additional technical and programme assistance.

RESULTS AND RESOURCES FRAMEWORK FOR MOROCCO (2017-2021)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
National priority: Universal health coverage and inequities reduction in access to health services. **UNDAF outcome:** Equitable access to high-quality integrated health services is enhanced for all. **Indicator**: Ratio of live births attended by skilled health personal in rural areas. *Baseline: 55%; Target: 75%*				
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for high-quality care and equity in access. Outcome indicator(s): • Percentage of service delivery points that have seven lifesaving maternal reproductive health medicines from the WHO priority list *Baseline (2015): 23%; Target: 100%* • Percentage of live births attended by skilled health personal *Baseline (2011): 72.7%; Target: 85%*	Output 1: Strengthened policies and strategies to ensure universal access to high-quality reproductive health services, with particular focus on marginalized women and girls.	• Midwifery workforce policies based on International Confederation of Midwives–WHO standards are implemented *Baseline: No; Target: Yes* • Number of regions where systems for maternal death surveillance and response is established *Baseline: 2; Target: 6*	Ministry of Health; Lalla Salma Foundation for Prevention and Treatment of Cancer; National Institute of Public Health; Moroccan Family Planning Association; Midwifery Association; United Nations organizations	$2.5 million ($1.5 million from regular resources and $1.0 million from other resources)
	Output 2: Strengthened advocacy to promote access to sexual and reproductive health information and services for adolescents and youth, with special focus on marginalized youth and adolescent girls	• Number of territorial regions implementing multidimensional youth programmes, integrating sexual and reproductive information and services, with a focus on adolescents girls' concerns *Baseline (2015): 0; Target: 4* • Number of coordination mechanisms operational at national and subnational levels on youth-related issues *Baseline: 1; Target: 5* • An advocacy coalition for increased investments in marginalized adolescents and youth, within development and health policies and programmes exists *Baseline: No; Target: Yes*	Ministry of Health; Ministry of Education; institutions in charge of vocational training; Moroccan Family Planning Association; non-governmental organizations; faith-based organizations; Youth local associations; United Nations organizations	$1.75 million ($1.0 million from regular resources and $0.75 million from other resources)
National priority: Economic inclusion, inequality and vulnerability reduction. **UNDAF outcome:** Public policies and national strategies ensure the reduction of socioeconomic, territorial and gender inequalities. **Indicator**: Number of public policies and strategies devoted to the reduction of social, economic, gender and territorial inequalities. *Baseline: 0; Target: 5*				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. Outcome indicator(s): • A gender equality national action plan that integrates reproductive rights with specific targets and national public budget allocations exists *Baseline: No; Target: Yes*	Output 1: Strengthened advocacy to prevent gender-based violence, including child marriage, and to promote reproductive rights of women and girls, especially the most marginalized	• Number of annual reports produced by the intersectoral coordination mechanism on gender-based violence, integrating recommendations on sexual and reproductive health and rights and early marriages *Baseline: 0; Target: 4* • Number of civil society organizations implementing 'male involvement programmes' in gender equality and reproductive health *Baseline: 1; Target: 5*	Ministry of Solidarity, Women, Family and Social Development Affairs; Inter-ministerial Delegation on Human Rights; National Council of Human Rights; National Observatory of Human Development; Ministry of Justice and Liberty; Non-governmental organizations; United Nations organizations	$3.25 million ($1.25 million from regular resources and $2.0 million from other resources)

National priority: Economic inclusion, inequality and vulnerability reduction. **UNDAF outcome:** Public policies and national strategies ensure the reduction of socioeconomic, territorial and gender inequalities. **Indicator**: Number of public policies and strategies devoted to the reduction of social, economic, gender and territorial inequalities. ***Baseline:*** *0;* ***Target:*** *5*				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality. Outcome indicator(s): • A national household survey that allows for the estimation of key population and reproductive health indicators has been analysed and disseminated *Baseline: No; Target: Yes*	Output 1: Strengthened national and subnational plans and systems, integrating ICPD-based Sustainable Development Goal targets and indicators, based on disaggregated quality data, with a focus on sexual and reproductive health, gender and demographic dividend issues	• Number of subnational databases with population-based data accessible and used by local authorities to map socioeconomic and demographic inequalities *Baseline: 0; Target: 3* • Number of subnational population situation analyses integrating ICPD-based Sustainable Development Goal targets and indicators to identify priorities and formulate programmes *Baseline: 0; Target: 3*	High Commission of Planning; Interministerial Delegation on Human Rights; National Observatory of Human Development; Moroccan Association of Family Planning; Ministry of Health; Economic, Social and Environmental Council; National Council of Human Rights; United Nations organizations	$1.75 million ($1.0 million from regular resources and $0.75 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources